STATE OF MARYLAND—CERTIFICATE OF DEATH

09344

(207-111)

1. PLACE OF DEATH

County Wicomico — Registration Dist. No. 333

Village or City Peninsula General Hospital, Salisbury Md St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bell, James — If U. S. Veteran, specify WAR unknown

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	a a	dont know

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dont know

6. DATE OF BIRTH (month, day, and yeer): unknown

7. AGE Years	Months	Deys	If LESS than 1 day, ... hrs. or ... min.
Dont know	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: unknown

10. Date deceased last worked at this occupetion (month and year): dont know

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town): unknown
(State or country): unknown

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town): unknown
(State or country): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town): unknown
(State or country): unknown

17. INFORMANT: Peninsula G Hospital
(Address): Salisbury and

18. BURIAL, CREMATION, OR REMOVAL: Salisbury
Place: Public Cem. Date: Sept. 16, 1939

19. UNDERTAKER: James H. Stewart
(Address): Salisbury and

20. FILED 9/16, 1939 Charlotte E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 15, 1939
(Month), (Day), (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1939 to Sept 15, 1939

I last saw him alive on Sept 13, 1939; death is said to have occurred on the date stated above, at 3:45 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Fractured Skull	9-10-39
Fractured Brain	9-10-39
Other Contributory Causes of importance:	

Name of operation: None — Date of:

Whet test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident — Date of injury 9-10, 1939

Where did Injury occur? Delmar, Md.
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Rail Road yards.

Manner of injury: Unknown.

Neture of injury: Fractured skull

24. Was disease or injury in any wey related to occupation of deceased? No

If so, specify: For Reference only

(Signed): Deputy Md. [illegible] M. D.

(Address): Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (119)

CERTIFICATE OF DEATH

09333

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury R.F.D. No

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wicomico

City or town Salisbury R.F.D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. no

(If rural give LOCATION) no

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Betty Black

3. (b) Social Security Number no

4. Sex: female

5. Color or race: a a

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife no

6(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1938

8. AGE: Years 1 Months Days 1 If less than one day hrs. min.

9. Birthplace Salisbury Md (Town, county, and state)

10. Usual occupation no

11. Industry or business no.

FATHER

12. Name Andrew Wright

13. Birthplace Fruitland Md

MOTHER

14. Maiden name Lavenia Black

15. Birthplace Snow Hill Md

16. Informant Lavenia Black

Address Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 5 1939 (month) (day) (year)

Cemetery or crematory Mount Valley Md

Location Fruitland Md

18. Funeral director James F Stewart

Address Salisbury Md

19. 9/5 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 2 1939, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 2 1939, to Sept 2 1939, and that I last saw her alive on September 2 1939.

Immediate cause of death Convulsions; of gastro-intestinal — nutritional origin. C.W.G.R.

Due to Of unknown cause

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 1 day

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. D. Browne M.D. M. D. or other

Address Salisbury Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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09334

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 154 Pinehurst ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 66 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 154 Pinehurst ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie L. Bounds

3. (b) Social Security Number

4. Sex: female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: James E. Bounds
6 (c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.): Sept. 11. 1873

8. AGE: Years 66 | Months 0 | Days 9 | If less than one day ___ hrs. ___ min.

9. Birthplace near Salisbury Md. (Town, county, and state)
10. Usual occupation House wife
11. Industry or business at Home
FATHER 12. Name Alexander King
13. Birthplace Salisbury Md.
MOTHER 14. Maiden name Rebecca Whaigland
15. Birthplace Salisbury Md.
16. Informant James E. Bounds
Address 154 Pinehurst ave Salisbury Md
17. Burial (Burial, cremation, or removal, which?) Date thereof Sept. 22-39 (month) (day) (year)
Cemetery or crematory Siloam Church Cem
Location Siloam Md.
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md
19. 9/22, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 20th 1939, at 6:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 18 1939, to 9-20 1939, and that I last saw her alive on 9-19-39 19
Immediate cause of death: Cerebral hemorrhage
Due to Hypertension
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M.D. or other
Address Salisbury Md. Date signed 9-22-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

09335

82-b

CERTIFICATE OF DEATH

Reg. Dist. No. 3321

1. PLACE OF DEATH

County: Wicomico Co

City or town: Pittsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R.F.D. #1.

Stay in hospital or Insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 80 years

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Pittsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R.F.D. #1.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ida E. Carey

3. (b) Social Security Number

4. Sex: female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William H. Carey

6(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): May 26 - 1859

8. AGE: Years 80 | Months 3 | Days 6 | If less than one day ___ hrs. ___ min.

9. Birthplace: Pittsville Md.
(Town, county, and state)

10. Usual occupation: at Home

11. Industry or business

FATHER
12. Name: Matthias Tingle
13. Birthplace: Pittsville Md.

MOTHER
14. Maiden name: Mary Parker
15. Birthplace: Pittsville Md.

16. Informant: Clarence W. Gordy
Address: R.D. #1. Pittsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 4-39 (month) (day) (year)

Cemetery or crematory: Pittsville Cem.

Location: Pittsville Md.

18. Funeral director: Holloway & Co.
Address: Walter R. Holloway Salisbury

19. Sept. 4, 1939 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 2nd 1939 at 2:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 25 1939 to Sept 2 1939 and that I last saw her alive on Sept 2 1939

Immediate cause of death: Cerebral Thrombosis — DURATION: 8/24/39

Due to: Hypertension — 1935

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Md Charles H. Brown M.D.
M. D. or other
Address: Sales Prey Md. Date signed: 9/3/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(T)

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09336

(82-a)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 337

Village or City Nanticoke No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 3 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lucius Carter If U. S. Veteran, specify WAR

(a) Residence: No. Nanticoke St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hester Carter

6. DATE OF BIRTH (month, day, and year): Sept ?

7. AGE: Years about 73 | Months ? | Days ? | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Labour

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Northumberland, Va.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country): unk

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country): unk.

17. INFORMANT (Address): Hester Carter Nanticoke, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Nanticoke Date Sept 21, 1939

19. UNDERTAKER (Address): Mrs L E Messick & Sons Bivalve Md

20. FILED 9-20, 1939 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 7 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Sudden death

Apoplexy

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify D. Allen Field

(Signed) Nanticoke M. D.

(Address) Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09337

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Route 2
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury, Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Route 2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Infant Coulbourne
3. (b) Social Security Number

4. Sex: Male
5. Color or race: Col
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years | Months | Days | If less than one day
Stillborn hrs. min.
9. Birthplace: Salisbury, Wicomico, Md.
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER
12. Name: Leroy White
13. Birthplace: Dames Quarter, Md.
MOTHER
14. Maiden name: Ruby Jane Coulbourne
15. Birthplace: Mardela Springs, Md.
16. Informant: Leroy White
Address: Hebron, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/19/39 (month) (day) (year)
Cemetery or crematory: Culver's Farm
Location: Salisbury, Md.
18. Acting Funeral director: Leroy White
Address: Hebron, Md.
19. 9/19, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 19, 1939, at 11:30 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 19, 1939, to Sept. 19, 1939, and that I last saw [illegible] did not see alive on Sept. 19, 1939
Immediate cause of death: Still-birth
Due to
Due to: Fall
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION
Weak
(?)
(?)

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? Riding on a bus (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) enroute to Cambridge, Md.
Means of injury Injured at work?

23. SIGNATURE: G. J. Gembly M.D. or other
Address: Salisbury Md. Date signed 9/19/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(130)

09338

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula G. Hospital

Stay in hospital or inst. (yrs., or mos., or days) about 4 hours

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wicomico

City or town Fruitland Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. no

(If rural give LOCATION) no

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Deal

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a d	married

6 (b) Name of husband or wife Hannah Deal

6(c) If alive, give age dead years

7. Birth date of deceased (mo., day, yr.) about 1874

8. AGE: Years about 65 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Snowhill md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business no

FATHER 12. Name unknown

FATHER 13. Birthplace unknown

MOTHER 14. Maiden name unknown

MOTHER 15. Birthplace unknown

16. Informant Charles Deal

Address Fruitland md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/3/39 (month) (day) (year)

Cemetery or crematory Mount Calvery

Location Fruitland

18. Funeral director James P Stewart

Address Salisbury md

19. 9/3 1939 Harriet E. Johnson Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 1, 1939, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28, 1939, to Sept. 1, 1939, and that I last saw him alive on Sept. 1, 1939

	DURATION
Immediate cause of death: Acute Dil. Heart	1939
Due to: Acute Dil. Nephritis	1939
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. O. Dan M.D. M. D. or other

Address Fruitland Md Date signed 9/5/39

RECEIVED
OCT 5 1939
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

69339

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Wicomico Co. Registration Dist. No. 333

Village or City Salisbury, Md. No. 1 mi. East Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Cromwell. If U. S. Veteran, specify WAR .....

(a) Residence: No. Lady Hill, Md. St., Ward .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	Col.	

5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 9, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		Stillborn		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. .....

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Wm. Wallace Cromwell.

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Addie Conley.

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL Cutts-Shapley
Place Snow Hill, Md. Date 9/10, 1939

19. UNDERTAKER Willie Williams
(Address) Snow Hill, Md.

20. FILED 9/9, 1939 Harriet E. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9-9-, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at 2:55 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillborn	
Other Contributory Causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Austin Cutts M. D.

(Address) Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED OCT 5 1939 MIAMI V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

CERTIFICATE OF DEATH

09340

Reg. Dist. No. 333

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Dist.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or Inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days) 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Dist. Ward No. R 7 D 3
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R 7 D 3
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Benjamin Figgs

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Cornelia C. Figgs

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Jan 26, 1873

8. AGE:

Years	Months	Days	If less than one day
64	7	24	hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER 12. Name Benj. F. Figgs

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name Mary Jane Maddox

MOTHER 15. Birthplace Delaware

16. Informant Jas. C. Figgs

Address Salisbury, Md.

17. Burial Date thereof 9-23-39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Wilson Cem.

Location Delmar, Md R 7 D 3

18. Funeral director Will S. Morris

Address Delmar, Del

19. 9/22, 1939 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-20-1939, at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/15 1935 to 9/20 1935 and that I last saw h— alive on 9/20 1935.

	DURATION
Immediate cause of death: Acute Appendicitis & Peritonitis	Indefinite
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Acute Appendicitis with Peritonitis

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE C. M. Hall M. D. or other

Address Salisbury Date signed 9/24/39

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

210-m

09341

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH: County Wicomico

City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P. S. Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 42 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Salisbury Hotel (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Thomas Hitch

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Priscilla Bell Hitch

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 29. 1878

8. AGE: Years 51 Months 1 Days 12 If less than one day ____ hrs. ____ min.

9. Birthplace Mt Vernon Maryland (Town, county, and state)

10. Usual occupation Pump Driver for

11. Industry or business Water supply

FATHER 12. Name Thomas Hitch

13. Birthplace Mt. Vernon Md.

MOTHER 14. Maiden name Annie Cantwell

15. Birthplace Mt. Vernon Md.

16. Informant Wm James Hitch

Address 318 Barclay St. Salisbury Md.

17. Burial (Burial, cremation, or removal Which?) Date thereof Sept 14-39 (month) (day) (year)

Cemetery or crematory Parsons Cemetery

Location Salisbury Md.

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Maryland

19. 9/14 1939 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12th 1939, at 12 15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__, and that I last saw ____ alive on ____ 19__.

Medical Examiner Certificate

Immediate cause of death Lacerated Brain

Due to Fractured Skull

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

DURATION 9-12-39

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 9-12-39

Where did injury occur? Delmar (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?) Public Highway

Means of injury Automobile accident Injured at work? No

23. SIGNATURE L. A. Rademaker M.D. Deputy Medical Examiner Wicomico Co. St of Maryland

Address Salisbury, Md Date signed 9/12/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09342

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Peninsula General Hospital Salisbury Md St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Louise Elizabeth Hull If U. S. Veteran, specify WAR

(a) Residence: No. Salisbury Md Route R.F.D. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-24-39.

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salisbury Md. (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) unknown (State or country)

MOTHER

15. MAIDEN NAME Pauline Hull

16. BIRTHPLACE (city or town) Somerset Co. Md. (State or country)

17. INFORMANT Willary Hull (Address) Salisbury Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Vernon Md. Date 9/17/39, 19

19. UNDERTAKER Mrs. C. Messick & Son's (Address) Hebron, Md.

20. FILED 9/16, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9 (Month) – 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 9-14, 1939, to 9-15-39, 1939

I last saw her alive on 9-15, 1939; death is said to have occurred on the date stated above, at 4:35 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Infectious diarrhea	Sept 3

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) [signature] M. D.

(Address) Salisbury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebrol hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED OCT 5 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(23)

09343

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 200 First Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 200 First St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lelah Beatrice Irving

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Hugh Irving

6(c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1915

8. AGE: Years	Months	Days	If less than one day
24	6	17	hrs. min.

9. Birthplace Damesquarter, Somerset Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name Bessie Roberts
15. Birthplace Damesquarter, Md.

16. Informant Hugh Irving

Address 200 First Street, Salisbury

17. Burial Date thereof 9/14/39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Damesquarter Colored

Location Damesquarter, Md.

18. Funeral director Mrs. C. G. Messick & Sons

Address Hebron, Md.

19. 9/14, 1939 Harriet E. Johnson Local Registrar
(Data rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 10, 1939, at 6a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 4 1939, to Sept 10 1939, and that I last saw her alive on Sept 10 1939.

Immediate cause of death Pulmonary Tuberculosis — DURATION 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hunter R Mann M. D. or other

Address Salisbury Md Date signed 9/11/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

09345

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula G. Hospital

Stay in hospital or inst. (yrs., or mos., or days) one week

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wicomico

City or town Delmar Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. no

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME James Johnson

3. (b) Social Security Number no

4. Sex	5. Color or race	6(a) Single, married, widowed, or divorced
male	a.a.	Single

6 (b) Name of husband or wife no

no 6(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) Sept 24 1922

8. AGE:

Years	Months	Days	If less than one day
16	11	19	hrs. min.

9. Birthplace Delmar Md (Town, county, and state)

10. Usual occupation no Schoolboy

11. Industry or business no

FATHER 12. Name Frank Johnson

13. Birthplace Whaleyville Md

MOTHER 14. Maiden name Cora Davis

15. Birthplace Delmar Md

16. Informant Mrs Cora Johnson

Address Delmar Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 18 1939 (month) (day) (year)

Cemetery or crematory Union

Location Delmar Md (Side)

18. Funeral director James H Stewart

Address Salisbury Md

19. 9/18, 1939 Harriet E. Johnson Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 15th 1939, at 6 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/8 1939, to 9/15 1939, and that I last saw him alive on 9/14 1939.

Immediate cause of death	DURATION
Interstitial nephritis and myocarditis	
Due to uremia	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas G. Fooks M.D. M. D. or other

Address Salisbury, Md Date signed 9/20/39

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(183)

09346

Reg. Dist. No. 337

1. PLACE OF DEATH:
County Wicomico
City or town Nanticoke
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harbor
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.F.D. #1.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clarence Vernon Landing Jr.
3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): May 20 - 1921

8. AGE: Years 18 Months 3 Days 14 If less than one day hrs. min.

9. Birthplace R.F.D. #1. Salisbury Md
(Town, county, and state)
10. Usual occupation Farming
11. Industry or business Fathers Farm
FATHER 12. Name Clarence V. Landing
13. Birthplace Onancock Va.
MOTHER 14. Maiden name Helen Basford
15. Birthplace Fairmount Md.
16. Informant Clarence V. Landing
Address RD #1. Salisbury Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 6-39 (month) (day) (year)
Cemetery or crematory Parsons Cemetery
Location Salisbury Md.
18. Funeral director Holloway & Co
Address Walter R. Holloway Salisbury Md
19. Sept. 6 1939 (Date rec'd by registrar) R. Woolford Walter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4 1939, at 10 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h Medical Examiner Exam on certificate 19
Immediate cause of death Drowning
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accidental Date of Sept 4, 1939
Where did injury occur? Nanticoke (City or town) Wicomico (County) Md. (State)
Injured at home, farm, industry, public place (where?) In river.
Means of injury swam into channel tide carried him under Injured at work? No

23. SIGNATURE C. A. Radmaker M.D. Deputy Medical Examiner M. D. or other
Address Salisbury, Md Date signed 9/4/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

106-a

09347

CERTIFICATE OF DEATH

Reg. Dist. No. 333

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 409 Happy St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 409 Happy St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Theopolis Lankford

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Clara King

6(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
63			____hrs. ____min.

9. Birthplace Unknown (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Odd Jobs

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden name Charlotte Brown

15. Birthplace Unknown

16. Informant Clara Lankford

Address 409 Happy St.; Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 4, 1939 (month) (day) (year)

Cemetery or crematory Houston Cem. Salisbury Md.

Location

18. Funeral director Mrs. C. G. Messick & Sons

Address Hebron, Md.

19. 9/4, 1939 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 1, 1939, at 6:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-19-1939, to 9-1-1939, and that I last saw him/her alive on 9-1-1939.

Immediate cause of death: Acute cardiac failure

Due to: Acute Bronchitis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Theo A. Davis M. D. or other

Address Salisbury Md. Date signed 9-2-39

RECEIVED
OCT 5 1939
M. DEPT. V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (3)

Reg. Dist. No. 333 — 09348

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County: Wicomico

(b) City or town: Salisbury (If outside city or town limits, write RURAL and give town) Gen. Hosp.

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days):

(e) Length of stay in this community (yrs., mos., or days):

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Md. (b) County: Wicomico

(c) City or town: Burbin Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME**: Dead Born Infant Massey

3 (b) If veteran, name war:

3 (c) Social Security No.:

4. Sex: Male

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife:

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day: ____ hr. ____ min.

Stillborn

9. Birthplace (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name: William Massey Jr.

13. Birthplace: Md.

MOTHER 14. Maiden Name: Evelyn Rayne

15. Birthplace: Md.

16 (a) Informant: Mrs. William Massey

(b) Address: Burbin Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/39 (month) (day) (year)

(c) Cemetery or crematory: Burbin Md.

Location: Burbin Md.

18 (a) Funeral director: W. Bounds

(b) Address: Burbin Md.

19 (a) 9/28/39 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death 9-28 1939 at 10:25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Stillborn	
Due to: Hydrocephalus	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: W. M. West M. D. or other

Address: Salisbury Date signed 9/28/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

CERTIFICATE OF DEATH

09349

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Parsonsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Parsonsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Thomas McDonough

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Edna Fawn McDonough
6(c) If alive, give age: 51 years
7. Birth date of deceased (mo., day, yr.): July 5. 1874
8. AGE: Years: 65 Months: 2 Days: 3 If less than one day: hrs. min.
9. Birthplace: Pittsburg Pa. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Corn Farm
FATHER 12. Name: Thomas McDonough
13. Birthplace: Ireland
MOTHER 14. Maiden name: Mary King
15. Birthplace: Ireland
16. Informant: Mrs Edna Fawn McDonough
Address: Parsonsburg Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 10-39 (month) (day) (year)
Cemetery or crematory: Fawn Cem.
Location: Near Wango Maryland
18. Funeral director: Holloway & G. Walter R.
Address: Salisbury Maryland
19. Sept. 10 1939 (Date rec'd by registrar) Lillian R. Davis, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 8-1939 (1.15a M)
I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 18 1939 to Sept 8 1939
and that I last saw him alive on Sept 8 1939

Immediate cause of death: Coronary Heart disease — DURATION: 6 mo
Due to: Abscess of Liver — 10. K
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Df operations:
Df autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Charles M. Brown M.D. M. D. or other
Address: Sales Prsy Md. Date signed: 9/9/39

RECEIVED
OCT 7 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 332

(8)

CERTIFICATE OF DEATH

09350

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Pittsville R^I (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Pittsville R^I (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Niblett

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 24, 1939

8. AGE: Years | Months | Days | If less than one day

Stillborn hr. min.

9. Birthplace Pittsville Md R^I Wicomico Co (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Clarence James Niblett

13. Birthplace Delmar Del

MOTHER

14. Maiden Name Martha Janie Givans

15. Birthplace Salisbury Md

16 (a) Informant Clarence Niblett

(b) Address Pittsville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24 1939 (month) (day) (year)

(c) Cemetery or crematory Parsons Cem

Location Salisbury Md.

18 (a) Funeral director Wm Howard Wells

(b) Address Pittsville, Md.

19 (a) Sept. 24, 1939 (Date rec'd by registrar) (b) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 24 1939, at 12:50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw him alive on 19 .

Immediate cause of death Stillborn

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dr John H. Yeaman M. D. or other

Address 221 1/2 Camden Ave Salisbury. Date signed 9/25/39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 7 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-B)

Reg. Dist. No. 333

09351

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 415 Davis Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Delmar, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. State (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Zepha Olyfant

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife —

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 1, 1868

8. AGE: Years 61 | Months 11 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name Willard S. Olyfant
13. Birthplace Maryland

MOTHER
14. Maiden Name Maggie Parker
15. Birthplace Maryland

16 (a) Informant Edward Parker
(b) Address Delmar, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-39 (month) (day) (year)

(c) Cemetery or crematory M. P. Cem

Location Delmar, Del

18 (a) Funeral director Will S. Mann

(b) Address Delmar, Del

19 (a) 9/16/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death 9-14- 1939, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__, and that I last saw him alive on ____ 19__.

Medical Examiner Certificate

Immediate cause of death carcinoma of stomach — Duration 2 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J A Rademaker M.D. Deputy medical Exam. Mr. D. or other

Address Salisbury, Md Date signed 9-15-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 5 1939
BUREAU V. S.

09352

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93-C)

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P. G. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural #1
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Emma Purnell

3. (b) Social Security Number

4. Sex Female

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband ~~or wife~~ Walter Purnell

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years about 65 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Snow Hill Md
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own Home

FATHER
12. Name John Victor
13. Birthplace Maryland

MOTHER
14. Maiden name Unknown
15. Birthplace "

16. Informant Walter Purnell Jr.

Address Snow Hill Md Rural 1

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Sept. 26 39
(month) (day) (year)

Cemetery or ~~crematory~~ Mt Wesley

Location Snow Hill Md

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. 9/23, 1939 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 23 1939, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/21 1939, to 9/23 1939, and that I last saw her alive on 9/23 '39 19__.

Immediate cause of death myocarditis

Due to senility (?)

Due to

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (Connty) ___ (State)

Injured at home, farm, industry, public place (where?) ___

Means of injury ___ Injured at work?

23. SIGNATURE Chas F. Fisher MD
M. D. or other

Address Salisbury Md Date signed 9/23, '39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09353

1. PLACE OF DEATH

County Wicomico (2) Registration Dist. No. 333

Village or City Pen. Gen. Hospital Salisbury, Md. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurrad ..... yrs. ..... mos. 1 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ARDALE RILEY, Jr. If U. S. Veteran, specify WAR .....

(a) Residence: No. Showell, Md. St., Wor. Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	

5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and yaar) Jan. 1, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupetion (month and year) ✓

11. Totel time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (Stete or country) Bishop, Md

FATHER

13. NAME Edgar Ardale Riley

14. BIRTHPLACE (city or town) (Steta or country) Showell, Md

MOTHER

15. MAIDEN NAME Sarah Moore

16. BIRTHPLACE (city or town) (State or country) Bishop, Md

17. INFORMANT Ardale Riley (Addrass) Showell, Md.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Place Sarah Dukes Cem. Date Sept. 15, 1939

19. UNDERTAKER Margarette H. Watson (Address) Pocomoke, Md.

20. FILED 9/15-39 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceasad from Sept 14, 1939, to Sept. 14, 1939

I last saw h..im aliva on Sept 14, 1939; daeth is said to hava occurred on the date statad above, at 3 55 p.m.

Tha **PRINCIPAL CAUSE OF DEATH** and raleted causas of importance ware as follows:

	Date of onset
acute gastro-enteritis	
probably para-typhoid fever.	9-11-39

Other **Contributary Causes** of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If daath was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicida? ..... Date of Injury ....., 19.....

Whare did injury occur? ..... (Specify city or town, county and State)

Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. .....

Manner of injury .....

Nature of injury .....

24. Was disaase or injury in eny way related to occupation of deceased? No

If so, specify .....

(Signed) A. W. Kates M. D.

(Address) Salisbury, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PL..., WITH UNFADING INK—THIS IS A PERMANENT RE... Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09354

STATE OF MARYLAND—CERTIFICATE OF DEATH

(52)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 337

Village or City Jesterville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Roberts If U. S. Veteran, specify WAR

(a) Residence: No. Jesterville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Roberts

6. DATE OF BIRTH (month, day, and year) Nov 5 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bivalve, Md (State or country)

FATHER

13. NAME Isaac Roberts

14. BIRTHPLACE (city or town) Bivalve Md (State or country)

MOTHER

15. MAIDEN NAME Julia Roberts

16. BIRTHPLACE (city or town) Bivalve, Md (State or country)

17. INFORMANT: Pope Roberts (Address) Wetipquin, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Grove Cem Jesterville Date Sept 22, 1939

19. UNDERTAKER Mrs. C. B. Messick & Sons (Address) Bivalve Md

20. FILED 9-20, 1939 R. Woolford Wallace Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from April, 1939, to Sept 20, 1939

I last saw him alive on Aug, 1939; death is said to have occurred on the date stated above, at 6 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Epithelioma ant. to left ear and involving parotid gland.

parotid

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Allen Field M. D.

(Address) Nanticoke Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

09355

CERTIFICATE OF DEATH

Reg. Dist. No. 330

1. PLACE OF DEATH:

County: Wicomico

City or town: Mardela Springs

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 93 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Mardela Springs Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Annie Robertson

3. (b) Social Security Number: ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ✓

6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): April 8, 1846.

8. AGE: Years: 93 Months: 5 Days: 8 If less than one day: hrs. min.

9. Birthplace: Mardela Springs, Wicomico, Md.

(Town, county, and state)

10. Usual occupation: ✓

11. Industry or business: ✓

FATHER

12. Name: Robert D. Robertson

13. Birthplace: Maryland

MOTHER

14. Maiden name: Susan Anne Holt

15. Birthplace: Maryland

16. Informant: H. Herman Robertson

Address: Mardela Springs, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9/18/39 (month) (day) (year)

Cemetery or crematory: Mardela Springs

Location: Mardela Springs

18. Funeral director: The Hill & Johnson Co.,

Address: Salisbury, Md.

19. 9/18 1939 (Date rec'd by registrar) W. H. Robertson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 16, 1939, at 7:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 19 1939, to Sept. 16 1939, and that I last saw her alive on Sept. 16 1939.

Immediate cause of death: Hemiplegia (Arteriosclerosis)

Due to: Probably a slow, cerebral hemorrhage. Duration: two weeks.

Due to: Senility

Other conditions: Cataract (bilateral)

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: E. C. Mayhew M. D. or other

Address: Mardela Md. Date signed: Sept 7, 1939

STATE OF MARYLAND—CERTIFICATE OF DEATH

09356

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (46-C)

County Wicomico — Registration Dist. No. 332

Village or City Pittsville — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 52 yrs. — mos. — ds. — How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME George A. Shockley — If U. S. Veteran, specify WAR No

(a) Residence: No. Pittsville St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Minnie L. Shockley

6. DATE OF BIRTH (month, day, and year) Dec. 23 - 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	75	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) April 1925 — 11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Shockley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Priscilla Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Minnie L. Shockley (Address) Pittsville Md

18. BURIAL, CREMATION, OR REMOVAL Place Pittsville Md Date Sept 21, 1939

19. UNDERTAKER Hearne & Dennis (Address) Snow Hill Md

20. FILED Sept. 20, 1939 Lillian N. Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 19th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1939, to Sept. 19, 1939

I last saw h[im] alive on Sept. 19, 1939; death is said to have occurred on the date stated above, at 7:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	May 1st 1939
Other Contributory Causes of importance:	
Intestinal Carcinoma	April 1939

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19—

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify —

(Signed) Charles M. Bowers M. D.

(Address) Salisbury Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09357

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Peninsula General No. Hospital - Salisbury, Md Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Jessie Short Jr. If U. S. Veteran, specify WAR ____

(a) Residence: No. Snow Hill Md. Route #1. Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Feb 24 - 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	1	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Near Snow Hill Maryland

FATHER

13. NAME Jessie Short

14. BIRTHPLACE (city or town) (State or country) near Snow Hill Maryland

MOTHER

15. MAIDEN NAME Frances Deckel

16. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

17. INFORMANT Ella Short (Address) near Snow Hill Route #1

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Cem Date Sept 11, 1939

19. UNDERTAKER Kleane A. Dennis (Address) Snow Hill Md

20. FILED 9/11, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9 - 10, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__

I last saw him alive on 9-10, 1939; death is said to have occurred on the date stated above, at 2:40 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Infectious diarrhea	

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Phil C. Tusler M. D.

(Address) Salisbury, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09358

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 802 Camden Ave.,
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) 84 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 802 Camden Ave.,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Alice Ruark Smith

3. (b) Social Security Number ✓

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Thomas Allen Smith
6(c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.): June 27, 1855.

8. AGE: Years 84 | Months 2 | Days 21 | If less than one day ____ hrs. ____ min.

9. Birthplace: Salisbury, Wicomico, Md.
(Town, county, and state)
10. Usual occupation ✓
11. Industry or business ✓

FATHER
12. Name: William M. Ruark
13. Birthplace: Maryland

MOTHER
14. Maiden name: Nancy Hooper
15. Birthplace: Maryland

16. Informant: William T. Smith
Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/20/39 (month) (day) (year)
Cemetery or crematory: Parsons
Location: Salisbury, Md.

18. Funeral director: The Hill & Johnson Co.,
Address: Salisbury, Md.

19. 9/20, 1939 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18, 1939, at 9:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1936, to Sept 18 1939, and that I last saw her alive on Sept. 18 1939.

Immediate cause of death: Valvular Heart Disease Chronic Myocarditis Uremia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Hunter R Mann M. D. or other
Address Salisbury Md Date signed 9/20/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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09359

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (105)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 415 Davis
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 415 Davis
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ruth Somers

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John Somers
6(c) If alive, give age: Dead years
7. Birth date of deceased (mo., day, yr.): Nov. 28. 1866
8. AGE: Years 72 Months 9 Days 28 If less than one day ___ hrs. ___ min.
9. Birthplace: Essex County Virginia (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: at Home
FATHER 12. Name: Unknown (Mundie)
13. Birthplace: Unknown
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown
16. Informant: Wico. County Welfare Board
Address: Salisbury Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 28-39 (month) (day) (year)
Cemetery or crematory: Parsons Cemetery
Location: Salisbury Md.
18. Funeral director: Holloway & Co. Walter K. Holloway
Address: Salisbury Md
19. 9/28, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 25th 1939 at 10:35 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 25, 1939, to Sept 25, 1939.
and that I last saw her alive on Sept 25, 1939.

Immediate cause of death	DURATION
Acute edema of the larynx.	2 hours
Due to Acute laryngitis.	8 hours.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Dr John H Yeaman M. D. or other
Address: 221½ Camden Ave Date signed 9/27/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WITHIN COORDINATE LIMITS OF (M)

(T)

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09360

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town) Dr. Gen Hosp

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME E. Hartwell Timmons

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	W.	Married

6 (b) Name of husband or wife Lillie M. Timmons

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Oct 11, 1884

8. AGE:

Years	Months	Days	If less than one day
55	11	16	____ hrs. ____ min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Railroad

11. Industry or business

FATHER 12. Name Wm. Lemuel Timmons

13. Birthplace Md.

MOTHER 14. Maiden name Mary Timmons

15. Birthplace Md

16. Informant Mrs Hartwell Timmons

Address Berlin Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 30 1939 (month) (day) (year)

Cemetery or crematory Berlin Md

Location Berlin Md.

18. Funeral director J. W. Burbage

Address Berlin Md.

19. 9/28/1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1939, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 25 1939 to Sept 27 1939

and that I last saw h— alive on Sept 27 1939

	DURATION
Immediate cause of death Acute Ulcer	July
Due to	
Due to	
Other conditions Chr. Myocarditis	July

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE J. W. Burbage M.D. M. D. or other

Address Salisbury Md Date signed 9/27/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (45-F)

09361

CERTIFICATE OF DEATH

Reg. Dist. No. 333

(M) WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH: County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P.B. Hospt.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 418 E. Isabella
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elwood Marion Townsend

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14 1886

8. AGE: Years 53 | Months 4 | Days 1 | If less than one day hrs. min.

9. Birthplace Crisfield Md. (Town, county, and state)
10. Usual occupation Flag Man
11. Industry or business Penna R.R. Co.

FATHER
12. Name Marion Townsend
13. Birthplace Salisbury Md.

MOTHER
14. Maiden name Missouri W Baker
15. Birthplace Concord Delaware

16. Informant Mrs Missouri Townsend
Address 418 E. Isabella St. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 17-39 (month) (day) (year)
Cemetery or crematory Parsons Cemetery
Location Salisbury Md.

18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.

19. 9/17, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15th 1939, at 5 55 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8 September 1939, to 15 September 1939 and that I last saw him alive on 14 September 1939.

Immediate cause of death Carcinoma of throat with generalized metastases
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

DURATION: several months

Major findings:
Of operations Biopsy alleged to be done Johns Hopkins Hospital date unknown.
Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. W. Kerns, M.D. M. D. or other
Address Salisbury, Maryland Date signed 9/15/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09362

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address/ hospital, or institution: John D. Parsons Home
Stay in hospital or inst. (yrs., or mos., or days): 9 years
Stay in this community (yrs., or mos., or days): 11 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Fairmount Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Mary F. Tucker

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

B (b) Name of husband or wife: George E. Tucker ✓
B(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): July 30, 1858.

8. AGE: Years: 80 Months: 1 Days: 6 If less than one day: ____ hrs. ____ min.

9. Birthplace: Old Point, Wicomico, Md.
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name: George E. Mann
13. Birthplace: Maryland

MOTHER
14. Maiden name: Louisa Abbott
15. Birthplace: Maryland

16. Informant: Supt. John D. Parsons Home
Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/6/39 (month) (day) (year)
Cemetery or crematory: Knights of Pythias
Location: Fairmount, Somerset Co. Md.

18. Funeral director: The Hill & Johnson Co.
Address: Salisbury, Md.

19. 9/6 (Date rec'd by registrar) 1939 Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 4, 1939, at 10:30 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 20 1939, to Sept 4 1939 and that I last saw h- alive on Sept 4, 1939

	DURATION
Immediate cause of death: Acute Coma	1939
Due to: Diabetes Mellitus	1939
Due to:	
Other conditions: Diabetic Gangrene Left Foot	1939

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: H. D. Davis M. D.
M. D. or other
Address: Salisbury, Md. Date signed 9/6/39

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 5 1939
BUREAU V. S.

09363

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

Reg. Dist. No. 330

1. PLACE OF DEATH:

County Wicomico

City or town Mardela Springs
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Mardela Springs Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lillian Stanford Waller

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife William Waller

6(c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1898

8. AGE:

Years	Months	Days	If less than one day
41	7	8	hrs. min.

9. Birthplace Trappe, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Lemuel B. Stanford
13. Birthplace Maryland

MOTHER
14. Maiden name Charlotte King
15. Birthplace Allen Md.

16. Informant William Waller

Address Mardela Springs

17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/28/'39 (month) (day) (year)

Cemetery or crematory Fruitland Cem.

Location Fruitland Md.

18. Funeral director Mrs. C. G. Messick & Sons

Address Hebron, Md.

19. 9/30/39 (Date rec'd by registrar) 19 W H Robertson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25, 1939, at 12:30 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1939, to Sept. 25 1939 and that I last saw her alive on Sept. 23 1939

Immediate cause of death Pulmonary Tuberculosis

DURATION ?

Due to —

Due to —

Other conditions

(Include pregnancy within 3 months of death)

Major findings: —

Dt operations —

Df autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. C. Maphe M. D. or other

Address Mardela, Md. Date signed Sept. 27, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore (93-C)

CERTIFICATE OF DEATH

09364

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Insfitution: 103 Preston ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 103 Preston ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William John Williams

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Jennie Williams
6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) July 17. 1887

8. AGE: Years 52 Months 1 Days 28 If less than one day hrs. min.

9. Birthplace Osceola Mills Pa
(Town, County, and State) Clearfield County

10. Usual occupation Laborer

11. Industry or business Lumber Mill

FATHER
12. Name John Williams
13. Birthplace Osceola Pa.

MOTHER
14. Maiden name No Record
15. Birthplace No Record

16. Informant Mrs. Jennie Williams
Address 103. Preston ave Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 17 39 (month) (day) (year)
Cemetery or crematory Parsons Cemetery
Locafion Salisbury Md.

18. Funeral director Hollowy & Co. Walter R. Holloway
Address Salisbury Maryland.

19. 9/17/ 1939 Habriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15. 1939 (9a)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 1939, to Sept 15 1939, and that I last saw him alive on Sept 14 1939.

Immediate cause of death	DURATION
Chronic myocarditis	1937
Due to	
Due to	
Other conditions arteriosclerosis arthritis	1925

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J Brauner M.D.
M. D. or other
Address Salisbury Date signed Sept 16

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OCT 5 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09365

(122-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) about 3 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Wicomico

City or town Salisbury Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. no
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Don't know

3. (a) FULL NAME Willie Woodie

3. (b) Social Security Number Don't know

4. Sex: Male

5. Color or race: a.a.

6. (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Don't know

6(c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.): about 1886

8. AGE: Years: 53 Months: — Days: — If less than one day: hrs. min.

9. Birthplace: Kansas City Mo
(Town, county, and state)

10. Usual occupation: Don't know

11. Industry or business

FATHER
12. Name: Don't know
13. Birthplace: Don't know

MOTHER
14. Maiden name: Don't know
15. Birthplace: Don't know

16. Informant: Peninsula G Hospital
Address: Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 26 1939 (month) (day) (year)

Cemetery or crematory: Public

Location: Salisbury Md

18. Funeral director: James F. Stewart
Address: Salisbury Md

19. 9/26, 1939 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 25 1939, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Medical Examiner 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death: Strangulated Ing. Hernia Right.

DURATION: 3 days?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: L. A. Kodemaker M D Deputy Med. Examiner. M. D. or other

Address: Salisbury, Md Date signed: 9/29/39

RECEIVED
OCT 5 1939
BUREAU V. S.